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APPLICANTS Jere F. Irwin, Yakima, WA;																
** CONTINUING DATA ***** <div style="display: flex; justify-content: space-between;"> <i>h</i> <i>None</i> </div>																
** FOREIGN APPLICATIONS ***** <div style="display: flex; justify-content: space-between;"> <i>h</i> <i>None</i> </div>																
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 11/30/2000																
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; vertical-align: top;"> Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <div style="display: flex; justify-content: space-between;"> <div style="border-bottom: 1px solid black; width: 150px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; width: 100px; margin-bottom: 5px;"></div> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> Examiner's Signature Initials </div> </td> <td style="width: 15%; text-align: center; vertical-align: top;"> STATE OR COUNTRY WA </td> <td style="width: 15%; text-align: center; vertical-align: top;"> SHEETS DRAWING 4 </td> <td style="width: 15%; text-align: center; vertical-align: top;"> TOTAL CLAIMS 22 </td> <td style="width: 15%; text-align: center; vertical-align: top;"> INDEPENDENT CLAIMS 3 </td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <div style="display: flex; justify-content: space-between;"> <div style="border-bottom: 1px solid black; width: 150px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; width: 100px; margin-bottom: 5px;"></div> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> Examiner's Signature Initials </div>	STATE OR COUNTRY WA	SHEETS DRAWING 4	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 3							
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ADDRESS 021567 WELLS ST. JOHN P.S. 601 W. FIRST AVENUE, SUITE 1300 SPOKANE , WA 99201																
TITLE Apparatus FOR CONVEYING, GUIDING, AND LOCATING A THERMOFORMABLE WEB																
FILING FEE RECEIVED 525	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; vertical-align: top;"> FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: </td> <td style="width: 40%; border: 1px solid black; padding: 2px;"> <input type="checkbox"/> All Fees </td> </tr> <tr> <td></td> <td style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> 1.16 Fees (Filing) </td> </tr> <tr> <td></td> <td style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) </td> </tr> <tr> <td></td> <td style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> 1.18 Fees (Issue) </td> </tr> <tr> <td></td> <td style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Other _____ </td> </tr> <tr> <td></td> <td style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Credit </td> </tr> </table>				FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees		<input type="checkbox"/> 1.16 Fees (Filing)		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)		<input type="checkbox"/> 1.18 Fees (Issue)		<input type="checkbox"/> Other _____		<input type="checkbox"/> Credit
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